

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/018875

FILING DATE

APPLICANT(S)

8-2-64

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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14						
15		1				
16		1				
17		1				
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	4	↓	↓	↓		
TOTAL CLAIMS	6					

TOTAL IND.				
TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS				